

SECTION "A" - PARTICULARS OF DECEASED INSURED PERSON (Cont'd)

12. DID THE DECEASED WORK OR LIVE IN CANADA OR WORKED IN ANY OF THE CARICOM COUNTRIES? YES NO

If "YES", please provide:

(i) SOCIAL SECURITY NO.

(ii) COUNTRY

SECTION "B" - PARTICULARS OF APPLICANT

1. NAME: SURNAME OTHER NAME(S)

2. HOME ADDRESS: (STREET)

3. *POSTAL ADDRESS (if different from above): (CITY/DISTRICT/COUNTY)

(STREET)

(CITY/DISTRICT/COUNTY)

4. NATIONAL INSURANCE NO.:

5. DATE OF BIRTH: YYY Y MM DD

6. GENDER: MALE FEMALE

7. TELEPHONE NUMBERS: (HOME)

(OFFICE/WORK)

(CELLULAR)

8. MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

9. VALID IDENTIFICATION: (Tick appropriate box)

PASSPORT DRIVER'S PERMIT ELECTORAL I.D. NO. NUMBER:

10. RELATIONSHIP TO DECEASED INSURED PERSON:

11. PLEASE INDICATE THE BENEFIT(S) FOR WHICH YOU ARE APPLYING:

WIDOW'S BENEFIT WIDOWER'S BENEFIT CHILD ALLOWANCE
 ORPHAN'S ALLOWANCE DEPENDENT PARENT'S PENSION

12. WAS AN APPLICATION SUBMITTED FOR A FUNERAL GRANT? YES NO
 If "NO", please submit Death Certificate with this application.

13. HAVE YOU APPLIED FOR OR ARE RECEIVING A SURVIVOR'S BENEFIT? YES NO
 If "YES", please provide the following information.

NATIONAL INSURANCE NO. OF DECEASED:

NAME OF DECEASED: SURNAME OTHER NAME(S)

ADDRESS OF DECEASED WHILE ALIVE: (STREET)

(CITY/DISTRICT/COUNTY)

RELATIONSHIP TO DECEASED:

SERVICE CENTRE AT WHICH BENEFIT WAS CLAIMED: _____

SECTION "B" - PARTICULARS OF APPLICANT (Cont'd)

13. PLEASE INDICATE THE METHOD OF PAYMENT OF BENEFIT:

MAIL TO: POSTAL ADDRESS

DEPOSIT TO: FINANCIAL INSTITUTION

FINANCIAL INFORMATION

(If method of payment is "FINANCIAL INSTITUTION", complete below).

The NIBTT considers the foregoing information as instructions from you regarding the deposit of your benefit payment to the financial institution of your choice.

The NIBTT is not liable for any payment issued to an inaccurate financial institution or account based on these instructions.

NAME OF FINANCIAL INSTITUTION:

ADDRESS OF FINANCIAL INSTITUTION: (STREET)

(CITY/DISTRICT/COUNTY)

ACCOUNT NUMBER:

SECTION "C" - PARTICULARS OF WIDOWS/WIDOWERS

N.B. THE NATIONAL INSURANCE ACT PROVIDES FOR THE PAYMENT OF BENEFIT TO COMMON-LAW SPOUSES OF DECEASED INSURED PERSONS.

1. ARE YOU THE LAWFUL SPOUSE OF THE DECEASED? YES NO

If "YES", please state the date of Marriage:
 YYYY MM DD

* 2. IF YOU WERE NOT MARRIED TO THE DECEASED INSURED KINDLY COMPLETE 2(a) to 2(e).

(a) Is there a known surviving spouse of the deceased? YES NO

(b) Have you been nominated as Spouse by the deceased person? YES NO

(c) How long have you lived together in the common-law union? _____

(d) Were the both of you living together up to the time of his death? YES NO

(e) Have you been nominated as Spouse by any other person? YES NO

If "YES", please state the name and NI Number of that person.

SURNAME

OTHER NAME(S)

NATIONAL INSURANCE NO:

3. WERE YOU PREGNANT AT THE DATE OF YOUR SPOUSE'S DEATH? YES NO

If "YES", please submit medical certificate.

** 4. WERE YOU MENTALLY OR PHYSICALLY DISABLED AT THE DATE OF YOUR SPOUSE'S DEATH WHERE THE DATE OF DEATH WAS PRIOR TO 2004/03/01? YES NO

If "YES", please submit NI 34.

** 5. APPLICABLE TO WIDOWERS ONLY. WERE YOU WHOLLY OR MAINLY MAINTAINED BY THE DECEASED?: YES NO

If "YES", please provide evidence of maintenance.

** Applicable where date of death is prior to 2004/03/01.

* Applicable to Common-law relationships only.
08/2011

SECTION "D" - PARTICULARS OF CHILD/ORPHAN

NOTE: The term "Child" means an unmarried child, who is unemployed and under the age of nineteen.

1. Is/Are Child/Children/Orphan(s) in respect of whom Allowance is claimed:

- (a) Child/Children/Orphan(s) of the deceased? YES NO
- (b) Step Child/Children of the deceased? YES NO
- (c) Maintained by you? YES NO
- (d) Living in your home? YES NO

If the answer to (c) or (d) is "NO", give details of the Guardian/Institution responsible for their care.

NAME OF GUARDIAN/INSTITUTION:

ADDRESS OF GUARDIAN/INSTITUTION: (STREET)

(CITY/DISTRICT/COUNTY)

2. Please indicate below, the particulars of the child/children. (Use additional sheets if necessary.)

A letter from the school must be submitted for children over age 16 where the date of death of the Insured is prior to 2004/03/01.

NAME OF CHILD/ORPHAN		RELATIONSHIP TO DECEASED			DATE OF BIRTH			EMPLOYED (YES/NO)	MARRIED (YES/NO)	* DISABLED (YES/NO)
		CHILD	STEP CHILD	ADOPTED CHILD						
SURNAME	OTHER NAME(S)				YYYY	MM	DD			

3. Letter from place of learning attached where the date of death is prior to 2004/03/01. YES NO

* Where the child is disabled, attach NI 34A to support this.

FOR PERSONS CLAIMING DEPENDENT PARENT BENEFIT ONLY.

- 1. Were you wholly or mainly maintained by the deceased? YES NO
- 2. Is the other parent alive? YES NO

If "NO", please submit death certificate.

SECTION "E" - FOR OFFICIAL USE

APPLICATION RECEIVED BY:

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SURNAME

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OTHER NAME(S)

**SERVICE
CENTRE
STAMP**

DATE:

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 YYYY MM DD

SIGNATURE OF SERVICE CENTRE STAFF

PART "I" - CUSTOMER SERVICE REPRESENTATIVE

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. NAME, N.I. NO. AND DATE OF BIRTH CONFIRMED AND UPDATED (IF NECESSARY) ON I.A. SYSTEM | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. REGISTRATION RECORD COMPLETED? (If "NO" complete forms NI 165/NI 182 as applicable) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. CHECK FOR DUPLICATE REGISTRATION (SIRF file included)? (Record Results on Minute Sheet) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. CLAIM HISTORY VIEWED?
(If yes, record findings here.) _____
(Use minute sheet if this space is inadequate.) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. APPLICATION COMPLETED AND ACCEPTED FOR PROCESSING? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6. APPLICATION RECORDED? (Print and attach Claim Profile) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7. OUTSTANDING CONTRIBUTION RECORDED? (Print and attach Audit Report) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 8. APPLICATION PROCESSED? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

DATE:

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 YYYY MM DD

CUSTOMER SERVICE REPRESENTATIVE

PART "II" - MANAGER/SUPERVISOR/CLERICAL OFFICER

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. DETAILS OF CLAIM PROFILE VERIFIED? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. CONTRIBUTION AUDIT REPORT VERIFIED? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. CONTRIBUTIONS TRANSFERRED? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. CLAIM AUTHORIZED/DISALLOWED? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

DATE:

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 YYYY MM DD

MANAGER/SUPERVISOR/CLERICAL OFFICER II

NOTES***Documentary evidence required to support claim.***

FOR
OFFICIAL
USE:

1. LAWFUL SPOUSE - WIDOW/WIDOWER

- (a) Birth Certificate and supporting Statutory Declaration (if necessary).
- (b) Death Certificate of spouse if not previously submitted.
- (c) Marriage Certificate.
- (d) Medical Certificate if pregnant at time of husband's death and child's Birth Certificate after delivery or Medical Report if child is still-born. (Applicable to widow only).
- (e) Decree Absolute if divorced.
- * (f) Medical evidence, if widower, to show the date from which inability to work due to illness commenced. (NI 34 to be submitted)
- * (g) Medical evidence, if widow is disabled, to show date the disability commenced. (NI 34 to be submitted)
- * (h) Affidavit to show dependence on deceased. (Applicable to widower)

2. COMMON-LAW UNION - WIDOW/WIDOWER

- (a) Birth Certificate of claimant.
- (b) Evidence of period of co-habitation up to the date of death of deceased insured and marital status of claimant.
- (c) Evidence of Nomination.
- * (d) Medical Certificate if disabled. (Applicable to Widower only).
- (e) Decree Absolute of Divorce where applicable.
- (f) Death Certificate of lawful spouse, if applicable.
- (g) Medical Certificate if pregnant at time of husband's death and child's birth certificate after delivery or Medical Report if child is still born. (Widows only)

3. CHILD

- (a) Birth Certificate and supporting Statutory Declaration where necessary.
- * (b) Evidence of education if child is between 16 -19 years, i.e. letter signed by School Principal or Head of Organization indicating the education and employment status of child.
- (c) Medical evidence, if child is disabled, to show date the disability commenced. (NI 34A to be submitted)
- (d) Statutory Declaration re step-child giving parents' name, residence and dependence on deceased insured person.
- (e) Evidence of Adoption.

4. DEPENDENT PARENT

- (a) Birth Certificate of Deceased Insured Person.
- (b) Evidence of support e.g. Deed of Covenant, Affidavit or other acceptable evidence.
- (c) Death Certificate of other parent. (where applicable)
- (d) Death Certificate of deceased insured person
- (e) Birth Certificate of claimant.